

Case Number:	CM14-0159933		
Date Assigned:	10/03/2014	Date of Injury:	02/12/2014
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant was injured on 02/12/14 when he slipped and fell and injured his low back. Ultram, Flexeril, and Lidoderm patches are under review. On 03/14/14, he was using Mobic and tramadol but stated did not like to use the tramadol during the day because it would make him sleepy. On 04/08/14, he was prescribed meloxicam for mild to moderate pain but did not receive a refill of the tramadol due to his examination findings which did not correlate with his reported pain complaints of 6/10. His pain complaints appeared to be mild only as he had no limitation in gait, movement, sitting, or standing. He was cleared for work. On 05/14/14, he was using ibuprofen. X-rays of the lumbar spine were within normal limits and the claimant attended physical therapy. He was diagnosed with a sprain and possible lumbar disc pathology. Of note, on 05/14/14, urine drug screens were negative for tramadol. He completed 4 visits of physical therapy on 05/15/14 and was to continue home exercises. He did feel better with therapy. On 06/06/14, he was prescribed Ultram, Flexeril, and Lidoderm patches. On 07/30/14, his range of motion was decreased by 10%. As of 09/10/14, his pain was 6/10 without medications and 2/10 with medications and he had muscle spasms in the low back with occasional numbness and tingling in the bilateral lower extremities. He had numbness at the right L5 and S1 regions with no other objective findings. He had a normal gait. He reported his pain was tolerable. His range of motion was decreased by 20%. He had been authorized for PT and an MRI of the lumbar spine. He received refills of his medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

60 Tablets of Ultram 50 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol 50 mg #60. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." The MTUS also state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005)" There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs such as acetaminophen. The claimant was treated with ibuprofen previously and there is no documentation of intolerance or lack of effectiveness. There is no evidence that the claimant has tried local modalities such as ice and heat or that he is involved in an ongoing exercise program to try to maintain the benefits of medication use. Also, his pattern of use of this medication, including frequency and specific objective evidence of functional improvement related to its use, has not been described. The expected benefit or indications for the use of this medication have not been stated. The medical necessity of tramadol 50 mg #60 has not been clearly demonstrated.

90 Tablets of Flexeril 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 74.

Decision rationale: The history and documentation do not objectively support the request for Flexeril 10 mg #90. The MTUS state for cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of

the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Flexeril 10 mg #90 is not medically necessary.

30 Patches of Lidoderm 5 Percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm patches 5% #30. The MTUS state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of other medications, also and there is no documentation of failures of trials of first line drugs such as acetaminophen and also local modalities. The CA MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." There is no evidence that these criteria have been met for Lidoderm patches. The claimant was also given other oral medications and there is no evidence of intolerance or lack of effect from other first line drugs. The medical necessity of this request for Lidoderm patches 5% #30 has not been clearly demonstrated.